

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>     </p> <p>Troy King Attorney General for the State of AL 11 S. Union Street Montgomery, AL 36101</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rosa H Davis</i> C. Date of Delivery <i>12-1</i></p> <p>address different from item 1? <input type="checkbox"/> Yes ter delivery address below: <input type="checkbox"/> No</p> <p><i>06CV1079</i> <i>JRC</i></p>	
<p>2. Article Number (Transfer from service)</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>7006 0810 0005 2150 5680</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540